## WAIVER AND HOLD HARMLESS AGREEMENT (Read Carefully)

ORGANIZATION	NAME				
I,	(Please print l	legibly)			
I,	ORGANIZA	ATION		p	PHONE
Fort Benning, Georgia on 20-30 June 2012. By my signature on this document, I acknowledge that I am aware of the risks posed by my utilization of Government transportation and participation in this event. I understand that certain activities which have been proposed are both physically rigorous and entail a certain element of risk. I also certify that my physical health is such that I am able to participate in this familiarization training. Therefore, in consideration for the benefits I will receive, I agree to release and hold harmless the United States from any damages to property or injuries which I may suffer incident to or arising out of my participation in this event.  Specifically, I agree to release and hold harmless the United States, its officers and its agents, from any and all liability and claims for damages to property or injuries to persons that may arise or be incident to either my transportation to and from or participation in this event. Further, I agree to release and hold harmless the United States, its officers and its agents, against any claims, demands, actions, debts, liabilities, judgments, costs, or attorney's fees arising out of, claimed on account of, or in any manner predicated upon my use of Fort Benning facilities and/or equipment including any loss or damage to property, any injury or death of any person, in any manner, caused or contributed to by the United States, its officers, or its agents.  BY SIGNING, I DECLARE THAT I HAVE READ AND VOLUNTARILY ENTER INTO THE TERMS OF THIS WAIVER AND HOLD HARMLESS AGREEMENT.  SIGNATURE DATE  SIGNATURE OF PARENT OR GUARDIAN (for minor child only)			provide your sponsor's ra		
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	INT AGI	O THE TERMS		R AND HOLD	
VERIFIED BY GOVERNMENT REPRESENTATIVE:	SIGN	NATURE OF PARE	NT OR GUARDIAN (fo	r minor child only)	_
	VER	IFIED BY GOVER	NMENT REPRESENTA	TIVE:	
PRINTED NAME	PRIN	TED NAME			
SIGNATURE DATE	grav.	LATUDE		DATE	